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COVID-19

Psychological impact of the outbreak of COVID-19 on Holocaust survivors in France

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Introduction

Identified in late 2019 as originating from Wuhan, China, the coronavirus disease (COVID-19) outbreak has spread rapidly and globally. The health crisis that is linked to COVID-19 has been declared a public health emergency of international concern (Zhong et al., 2020) and was described by the UN Secretary General, Antonio Guterres, as being "the worst world crisis since the Second world war". In France, the first cases of COVID-19 were officially confirmed on January 24, 2020 (Bernard Stoecklin, Rolland, & Silue, 2020). In a televised address on March 16, 2020, French President Emmanuel Macron declared six times during a speech to the nation that "we are at war" against the virus. He used the following warrior rhetoric: "We fight neither against an army or against another nation, but the enemy is there, invisible, elusive and advancing" (Kauffmann, 2020). The overuse of the war metaphor when speaking about the coronavirus, as well as the measures of advising social distancing and self-isolation to decrease the spread of the coronavirus, are causing unknown levels of fear and suffering for older people who are more vulnerable to stress and anxiety (Yang et al., 2020, Johal, 2009). In contexts such as the COVID-19 health crisis, Holocaust survivors (HSs) are often more vulnerable to accumulative and/or new traumatic events, which may awaken or augment the reactions to a previously experienced traumatic event (Kimron & Cohen, 2012,

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Baider, Peretz, & Kaplan De-Nour, 1993, Christenson, Walker, Ross, & Maltbie, 1981, Yehuda et al., 1995). Several studies have reported considerable emotional distress that was experienced among HSs during Gulf War scud missile attacks in 1991 (Solomon & Prager, 1992), during the threat of terror in Israel (Zloof, Yaphe, Durst, Venuta, & Fusman, 2005) or after terrorist attacks on the World Trade Center on September 11, 2001, in the USA (Lamet & Dyer, 2004). For some HSs, home confinement and helplessness that are being experienced during the COVID-19 health crisis have resulted in the re-experiencing of wartime traumas that occurred more than 76 years ago. Few studies have examined the negative psychological impact of COVID-19 in HSs (Cohn-Schwartz et al., 2020; Shrira, Maytles, & Frenkel-Yosef, 2020, Maytles, Frenkel-Yosef, & Shrira, 2021) and offspring of HSs (Shrira & Felsen, 2021, Felsen,2021) in Israel and in the US. France has the fourth largest number of Holocaust survivors in the world (approximately 40,000 survivors are located in France), according to estimates from the Conference on Jewish Material Claims Against Germany (Claims Conference). The COVID-19 health crisis provides a rare opportunity to examine how HSs in France may react to a second traumatic event that exhibits some similarities with the original trauma, especially in regard to the situation of the lockdown combined with the fear of death for either the HS or for the members of their family.

Study hypotheses

Our study aimed to examine the perceptions and individual behaviors of HSs who were subjected to home confinement policies to prevent the spread of the coronavirus disease (COVID-19). We considered that the HSs reported psychological distress during the time period of home confinement. We also thought that the HSs correlated the COVID-19 public health emergency with memories of Holocaust-related traumatic experiences. We hypothesized that Holocaust-related traumatic experiences helped HSs put the COVID-19 public health emergency into perspective.

Materials and methods

Participants

A total of 249 HSs participated in the survey. Fifty-nine participants lived in Paris, 26 participants lived in the suburbs of Paris, 57 participants lived in Provence-Alpes-Côte d'Azur, and 41 participants lived in Grand Est. The recruited HS group comprised 92 (37.8%) males and 155 (62.2%) females, with ages ranging from 75 to 98 years (mean age: 84.22 +/- 4.47 years). There were no statistically significant gender differences in the mean age (males: 84.02 vs. females: 84.36, $p = 0.53$). Additionally, 95.2% of the HSs were under the age of 16 years at the end of the Second world war. Moreover, 228 (91.6%) participants lived in France before the Second world war. The participants had mostly been children who were hidden in France during the Nazi occupation ($n = 239.96\%$). There were also 58 war orphans (24.3%). Additionally, 144 (57.8%) of the hidden children had witnessed bombing and shooting events. Ten (4%) of the survivors of Nazi concentration camps also agreed to participate in the study. Details regarding the HS demographics of the study sample are summarized in Table 1.

Table 1.
Characteristics of the hidden children and survivors of Nazi concentration camps.

		Hidden Children(n%)	Survivors of Nazi concentration camps (n%)	Total(n%)
Number		237	10	247
Sex	Males	89 (35.7%)	3 (30%)	92 (37.8%)
	Females	148 (59.4%)	7 (70%)	155 (62.2%)
Age	75–79	42 (17.6%)	0 (0%)	42 (16.9%)
	80–84	88 (36.8%)	1 (10%)	91 (36.5%)
	85–89	87 (36.4%)	3 (30%)	92 (36.9%)
	90–94	19 (7.9%)	4 (40%)	24 (9.6%)
	>95	3 (1.3%)	2 (20%)	5 (2%)

Procedure

The survey was conducted from May 3, 2020, to May 16, 2020, on European-born Jewish individuals who were 75 years or older and who were residing in France. The participants were defined as Holocaust survivors if they had been living in a European country during Nazi occupation and rule between 1939 and 1945. Due to the lockdown measures, this study was conducted via electronic means or via phone call because the French government prohibited face-to-face contact. The participants were recruited via social services for Jewish Nazi victims, which provide home health care or social accompaniment, case management and assistance with food, various medical expenses, and dental and transportation issues (Passerelles FSJU, OSE, AMIF, CASIP- COJASOR, Aumonerie Israélite des hôpitaux). The participants received no financial remuneration. The data were also anonymous. The exclusion criteria included a lack of phone and internet access, the inability to complete an online survey and refusal to participate in the study.

Questionnaires

The HSs were asked to respond to a questionnaire that assessed their perceptions and individual behaviors in response to the home confinement policy to prevent the spread of COVID-19. The first part of the questionnaire included a collection of sociodemographic information (age, gender, and place of residence), an evaluation of the individual's behavior in response to the home confinement experience (psychological distress that was experienced during home confinement, COVID-19 being contracted by family members or close relatives, and keeping abreast of COVID-19 through various media or internet), and personal history that was experienced during the Holocaust (wearing the yellow star, being deported, losing their parents, witnessing bombings or shootings or going into hiding in orphanages, with foster families, on farms, etc.). The second part of the questionnaire consisted of five questions that focused on the evaluation of the impact of the memories of Holocaust-related traumatic experiences on the current experiences of the COVID-19 public health emergency. The response to the first question (Do your memories of the Holocaust awaken particular sensitivities? ") assessed the reactivation of a previously experienced Holocaust-related trauma that was similar to the COVID-19 public health emergency. The second question focused on the link between the home confinement policy for the prevention of COVID-19 spread and the memories of Holocaust-related traumatic experiences ("Have you made a link between the current health crisis situation forcing you to stay at home and your memories of Holocaust-related traumatic experiences?") Two other questions assessed the adaptive capacities of the HS who are experiencing the COVID-19 public health emergency: "Do your Holocaust-related traumatic experiences help you put the COVID-19 public health emergency into perspective?" and "Do you think having survived the Holocaust has an impact on your behavior during home confinement?" The answers were rated on a scale of 1 −5 (1 [disagree] to 5 [strongly agree)]). Responses with scores of 3, 4 and 5 were considered to be positive. For the last question, the HSs were asked about their wishes to receive calls from an organization or from volunteers of a social support agency.

Data analysis

All of the statistical analyses were conducted by using SPSS software version 21.0. The continuous variables were expressed as the mean ± SD and were compared with the use of the Mann-Whitney U test to examine differences between the two groups. The quantitative variables were expressed as the means and standard deviations. The qualitative variables were expressed as frequencies and percentages. Bivariate analyses involving categorical or qualitative variables were performed with chi-square statistics. The percentages for the categorical variables were analyzed by using Student's *t*-test. P values of less than 0.01 were regarded as statistically significant.

Results

Link between the COVID-19 public health emergency and memories of Holocaust-related traumatic experiences

A total of 41.4% of the HSs reported psychological distress during the time period of home confinement. Moreover, 43.8% of the HSs correlated the COVID-19 public health emergency with memories of Holocaust-related traumatic experiences. (Table 2). There was no increase in the prevalence rate of psychological distress during home confinement among people who were orphaned (48.3% vs. 43.3%; $P = 0.86$) . Our study showed that 62.1% of the HSs with psychological distress that was experienced during home confinement also reported the reactivation of previously experienced Holocaust-related trauma. The HSs who established a link between the COVID-19 public health emergency and memories of Holocaust-related traumatic experiences reported more frequent reactivation of earlier Holocaust-related trauma (54.8%, 57/104 participants vs. 38.1%, 51/134 participants; $p < 0.01$).

Reactivation of earlier Holocaust-related trauma

One hundred nineteen (48.4%) HSs reported the reactivation of earlier Holocaust-related trauma (survivors of Nazi camps, 9/10 [90%] vs. hidden children, 110/239 [46.6%]; $p = 0.04$). Age (84.6 years vs. 88.8 years; $p = 0.18$), gender (males: 41, 34.7% vs. females: 52, 39.5%; $p = 0.78$), the status of being a war orphan (28, 25.7% vs. 30, 23.3%; $p = 0.77$) and having witnessed bombing or shooting events (77, 70.6% vs. 73, 56.6%) were not associated with an increased risk of reactivation of earlier Holocaust-related trauma.

Factors associated with psychological distress during home confinement

Psychological distress that was experienced during home confinement was significantly more frequent among the HSs who reported the reactivation of earlier Holocaust-related trauma (62.1% vs. 37.4%, $p < 0.01$). The HSs who had witnessed bombing or shooting events during the Second world war did not report more frequent reactivations of earlier Holocaust-related trauma (65% vs. 52.2%, p: 0,04). Age and gender were not factors that were associated with psychological distress during the period of home confinement (Table 3).

Adaptive capacities of HSs in coping with the COVID-19 public health emergency

In regard to perspectives, 72.3% ($n = 180$) of the HSs felt that their Holocaust-related traumatic experiences helped them put the COVID-19 public health emergency into perspective. Additionally, having survived the Holocaust had an impact on the behaviors of the participants during the period of home confinement for 65.5% ($n = 163$) of the HSs. The HSs who linked the COVID-19 public health emergency and the memories of Holocaust-related traumatic experiences more frequently reported that their Holocaust-related traumatic experiences aided them in placing the COVID-19 public health emergency into perspective (84/104 [80.8%] vs. 88/134 [65.7%], $p < 0.01$), and they also estimated that having survived the Holocaust had an impact on their behaviors ~~s~~ during the period of home confinement (80/104 [76.9%] vs. 76/134 [56.7%], $p < 0.01$).

Request for support calls from HSs

For support calls, 68/246 (27.7%) of the HS expressed wishes to receive calls from an organization or from volunteers of a social support agency. These requests for assistance were more frequently expressed by the participants who reported having experienced psychological distress during the period of home confinement (37.9% vs. 19.7%, $p < 0.01$). None of the survivors of Nazi concentration camps expressed wishes to receive support calls. Requests for support calls were more frequent among the HSs who sought information on the COVID-19 outbreak via radio, television or the internet (53/68, 77.9% vs. 52/177, 29.4%; $p < 0.01$).

Discussion

This was the first study to assess the psychological impact experienced by HSs in France during the peak of the COVID-19 pandemic that involved strict lockdown and distancing measures. In our study, 95.2% of the HSs were Holocaust child survivors who were 16 years old or under when they experienced extreme catastrophic and prolonged stress. Kellermann suggested that children could adopt extraordinary survival strategies due to the experiences of war and that these strategies were fundamentally different when comparing children to adults (Kellerman, 2001). In our study, 46,6% of "hidden children" and 90% of the survivors of Nazi concentration camps reported the reactivation of earlier Holocaust-related trauma. Several studies have indicated the importance of posttraumatic stress disorder among HSs who survived internment in Nazi concentration camps, with such experiences being some of the most inhumane and traumatic events ever described (Antonovsky, Maoz, Dowty, & Wijsenbeek, 1971; Eaton, Sigal, & Weinfeld, 1982, Levav & Abramson, 1984, Nadler & Ben-Shushan, 1989, Bower, 1994). A meta-analysis of the long-term sequelae of a genocide involving

Table 2.
Feelings of hidden children and survivors of Nazi concentration camps.

	Hidden Children(n%)	Survivors of Nazi concentration camps(n%)	Total(n%)
Psychological distress during home confinement policy	99 (41.4%)	4 (40%)	103(41.4%)
Linkage between home confinement policy for the COVID-19 public health emergency and memories of Holocaust-related traumatic experiences	104 (42.1%)	5 (50%)	109 (43.8%)
Holocaust-related traumatic experiences helping to place the COVID-19 public health emergency into perspective	172 (72%)	8 (80%)	180 (72.3%)
Having survived the Holocaust and anti-Semitic persecution and the impact on behaviours during home confinement	156 (65.3%)	7 (70%)	172 (69.1%)

Table 3.
Factors associated with psychological distress during home confinement.

		Psychological distress during home confinement $n = 103$	Absence of psychological distress during home confinement $n = 47$	
Characteristics of HS	Males	35 (34%)	57 (38.8%)	0.40
	Females	67 (65,0%)	87 (59.2%)	
	Mean age	84,5	84	0.32
	War orphans	25 (24,3%)	33 (22.4%)	0.73
	Witness to bombing and shooting	67 (65%)	77 (52.2%)	0.04
Evaluation of the impact of memories of Holocaust-related traumatic experiences on the current experiences of the COVID-19 public health emergency	Holocaust-related traumatic experiences Aiding in placing the COVID-19 public health emergency into perspective	74 (71,8%)	106 (72.1%)	0.96
	Reactivation of earlier Holocaust-related trauma	64 (62.1%)	55 (37.4%)	0.0001
	Having survived the Holocaust and anti-Semitic persecution and the impacts on behavior during home confinement	65 (63.1%)	98 (66.7%)	0.56
Factors associated with the risk of COVID-19	Fear of being hospitalised	58 (56.3%)	76 (51.7%)	0.47
	COVID-19 being transmitted among family members or close relatives	30 (29.1%)	38 (25.9%)	0.56
	Death of COVID-19 among family members or close relatives	17 (16.5%)	14 (9.5%)	0.09

12,746 HSs did not find that age during the Holocaust affected health outcomes (Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010).

In our study, the majority of HSs were "hidden children" who had lived under false identities and, in most cases, had been separated from their parents. They had often been hidden in private homes, hospitals, orphanages or monasteries, wherein they experienced starvation and violence (Yehuda, Schmeidler, Siever, Binder-Brynes, & Elkin, 1997). These children would not reveal their true identities to protect their cultural backgrounds. Most of the time, the children were uprooted from a secure and loving family to an unfamiliar way of life and were in a state of extreme anxiety with the danger of arrest (Tec, 1993). Holocaust child survivors have suffered more posttraumatic symptoms than HSs who were adults (Yehuda et al., 1997). Several studies have demonstrated that HSs who were children during the time of the Shoah (the Hebrew word for the Holocaust) are often more vulnerable to accumulative and/or new traumatic events, which may awaken or augment the reactions to an early traumatic experience (Kimron & Cohen, 2012, Baider et al., 1993, Christenson et al., 1981, Yehuda et al., 1995). Holocaust child survivors suffered Nazi persecution without the benefit of adult coping resources and adaptations (Yehuda et al., 1997). Amir et al. reported that the psychological consequences of being a child during the Holocaust can be long lasting (Lev-Wiesel & Amir, 2003). A total of 41.4% of the HSs reported psychological distress during the period of home confinement. The COVID-19 outbreak may be especially stressful for older adults and may contribute to increased feelings of loneliness that can negatively affect a person's mental health and well-being (Armitage & Nellums, 2020; Yang et al., 2020). A constant sense of insecurity for oneself and their loved ones, as well as the anxiety associated with social distancing that results in a lack of contact with family or friends, may negatively affect mental health. This is evidenced by the fact that 42.4% of HSs exhibited a link between the health crisis linked to COVID-19 that forced them to stay at home and unpleasant memories from the Holocaust. Canham et al., 2016 pointed out that HSs have lived in two contrasting worlds: the world that was experiencing war and the current state of the world (26). Cumulative trauma, recent stress and a lack of social support can increase the probability of re-experiencing trauma in older ages among HSs, who are considered to be a "fragile" group (Yehuda et al., 1997; Yehuda, Kahana, Southwick, & Giller, 1994). Barel et al. reported that HSs are less well-adjusted than their counterparts without a Holocaust background, thus indicating that these individuals likely experience considerably more posttraumatic stress symptoms (Barel et al., 2010). For HSs, the experience of strict isolation, in combination with the fear of a high transmission potential of COVID-19, is a trigger associated with previous severe trauma that is reminiscent of Holocaust experiences, such as the absence of family members and an increased sense of vulnerability. It is the first time since the end of the Second world war that French HSs are experiencing a situation that can cause the resurgence of unpleasant memories of the Holocaust. It would be interesting to compare the HSs who live in Israel in a situation of fear and danger with individuals experiencing the ongoing threat of war in the Middle East. The vulnerability of HSs to re-experiencing trauma after traumatic or stressful experiences in later stages of life can be explained by the compromises of coping capacities by aging individuals (Yehuda et al., 1995, Nordstrom & Rosenbloom, 1995, Averill et al., 2000). Greater similarities between two traumatic events can increase the risk of reactivation of the initial stress response after the second event (Solomon, Garb, Bleich, & Grupper, 1987). Our study showed that 62.1% of HSs who had greater difficulty receiving support during confinement also reported the reactivation of earlier Holocaust-related trauma. HSs who had witnessed bombing or shooting events during the Second world war were not more vulnerable~~;~~ Few studies have reported on the psychological impacts of bombing raids (Somasundaram & Sivayokan, 1994, Fraser, Leslie, & Phelps, 1942, Mollica, Wyshok, & Lavelle, 1987, Lewis, 1942), which are sudden, loud and extremely violent events. In our study, French HSs had developed remarkably adaptive capacities to cope with the COVID-19 public health emergency. In addition, 72.3% of the HSs reported that the experience of the Holocaust had enabled them to place the inconveniences linked to COVID-19 into perspective. The fact that having survived the Holocaust ~~and anti-Semiticpersecution~~ had an impact on the behaviors of 65.5% of the

HSs during the period of home confinement can be explained by their ability to cope with new traumatic experiences (Lamet, Szuchman, Perkel, & Walsh, 2009). Moreover, 27.7% of the HSs expressed wishes to receive calls from an organization or from volunteers of a social support agency. These requests for assistance were more frequently expressed by the individuals who reported psychological distress during the period of home confinement. Our study provides essential data on social support, which is ~~considered~~ a central factor in protecting victims from experiencing a second traumatic event, as well as in aiding individuals in their rehabilitation and in maintaining their social adaptation (Davidson, 1979). This finding is in agreement with those of several studies reporting the importance of social support for the psychological well-being of aging survivors (Prot, 2012, Suedfeld, Krell, Wiebe, & Steel, 1997). The spread of misinformation and fake news concerning the COVID-19 pandemic through social media may cause anxiety, especially among elderly people, which explains the fact that 77.9% of the HSs asked to receive calls from an organization or from volunteers who more frequently followed/researched information on the coronavirus pandemic via radio, television or the internet (Banerjee et al., 2020). There were several limitations in the present study. First, we were not able to obtain information on the medical or psychiatric histories of the participants (e.g., the need for medical or psychiatric referrals, the treatment or some other measure of a mental response to the event). Second, the sampling procedure of this study was voluntary and was conducted online and via phone calls when strict lockdown measures were in place. HSs who did not have access to phones, email or the internet were excluded. Third, participants were not asked about their religiosity or if the incidence of overt antisemitism has also affected their psychological distress during the pandemic. Fourth, this study was performed in collaboration with a social support agency and may not reflect trends that are observed in France. Fifth, the ages of the participants varied at the end of the war (from 0 to 23 years). In addition, the number of HSs who survived in Nazi concentration camps was very low. Sixth, there was no control group of participants who were not HSs.

Conclusion

Even 76 years after the end of the Second world war, the effects of severely traumatic experiences, such as internment stays in concentration camps, racial persecution, being in hiding and the loss of relatives, are still present among HSs. To the best of our knowledge, this is the largest and most comprehensive study assessing the psychological impacts of the COVID-19 pandemic with strict lockdown measures among HSs. This study is both timely and important because the youngest of the Holocaust survivors are in their 70 s, and the number of survivors is rapidly declining. In terms of trauma research, studies of HSs may provide opportunities to improve the knowledge of the effects of trauma on the human psyche, as well as the impact of trauma on the aging processes. Additionally, these results can be used to improve the knowledge of the consequences of the re-experiencing of trauma among older adults who have experienced a prior terrorist event, a war, a natural disaster or a genocide, such as the events that have occurred in Cambodia, Biafra, Sudan, former Yugoslavia and Rwanda.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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